



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

07/17/00

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NJR000035725
INSTALLATION NAME	→	DIPSOL OF AMERICA INC
INSTALLATION ADDRESS	→	538 FOREST ST 2ND LOADING DOCK KEARNY, NJ 07032
MAILING ADDRESS	→	25 MCWHORTER ST NEWARK, NJ 07105

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949**

**TO: DIPSOL OF AMERICA INC or Current Occupant
ATTN: GLENNY, DAVID - LAB MGR
25 MCWHORTER ST
NEWARK, NJ 07105**

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-OT

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

HAZARDOUS & SOLID WASTE PROGRAMS BRANCH

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. Initial Notification

☐

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NJ R000035725

II. Name of Installation (Include company and specific site name)

D i p s o l o f A m e r i c a I n c

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5 3 8 F o r e s t S t r e e t 2ND LOADING

Street (Continued)

D O C K

City or Town

State

Zip Code

K e a r n y

N J

0 7 0 3 2 -

County Code

County Name

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2 5 M c W h o r t e r S t r e e t

City or Town

State

Zip Code

N e w a r k

N J

0 7 1 0 5 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

G l e n n y

D a v i d

Job Title

Phone Number (Area Code and Number)

L a b M a n a g e r

9 7 3 - 3 4 4 - 0 2 2 6

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

☐

☒

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

C l e p o I n c (c o n t a c t) S a m B r a n t

Street, P.O. Box, or Route Number

6 1 4 H a d d o n f i e l d R o a d

City or Town

State

Zip Code

C h e r r y h i l l

N J

0 8 0 0 2 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

Date Changed
Month Day Year

6 1 0 - 6 4 2 - 7 9 0 6

☐

P

Yes

☐

No

☐

☐

☐

☐

☐

☐

☐

Address verified US Post Office (88)

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
- ☐ 4. Exempt Boiler and/or Industrial Furnace
☐ a. Smelting, Melting, and Refining Furnace Exemption
☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Processor
☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 0 0 0 2	2 0 0 0 6	3 0 0 0 7	4 0 0 0 8	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>David Glenney</i>	Name and Official Title (Type or print) David Glenney, Lab Manager	Date Signed 6/28/00
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XI. Comments

One time final clean-up -

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

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*****
*                               RCRIS: Notification Add/Update Screen 2                               *
*****
*EPA ID: NJD002175636      Other ID:                               Merge Send: Y      *
*Date Received(MMDDYY):  011281      Source( N/E/S ): N Non-Notifier Flag:      *
*Date Acknowledged (MMDDYYYY):  02181981      Send Acknowledgement:      *
*Name of Installation:  FREDERICK GUMM CHEMICAL CO      *
*                               Installation Location Address                               *
*Streets:  538 FOREST ST      *
*City:      KEARNY      State:  NJ      Zip:  07032      *
*County Code:  017      County Name:  HUDSON      *
*  Installation Mailing Address (Type 'SAME' if same as Above)      *
*Streets:  538 FOREST ST      *
*City:      KEARNY      State:  NJ      Zip:  07032      *
*                               Contact Information                               *
*  Last Name      First Name      Title      Phone      Address(M,L,O) *
* DURNEY          LARRY          TECH DIRECTOR      2019914174      L      *
*Streets:  538 FOREST ST      *
*City:      KEARNY      State:  NJ      Zip:  07032      *
*Land Type:      *
*****
* Enter-Continue      F3 - Exit      F5 - Prev Screen *
*****

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Gen = 1/R

WE = D002, F007, F009

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*****
*                               RCRIS: Notification Add/Update Screen 3                               *
*****
* EPA ID:      NJD002175636      Other ID:                               Source:  N                               *
*
* Owner Sequence Number:      1                                           *
* Ownership:  FREDERICK GUMM CHEMICAL CO                               Type of Owner:  P   *
*
*                               Address of Owner                               *
*
*      Street: 1280 WALL ST W                                           *
*      City:   LYNHURST                                           State: NJ   Zip Code  07071   *
*      Phone:  2019914174                                           *
*
* Current/Previous Indicator:  CO      Change Date(MMDDYY):           *
*
*
*****
* Enter-Continue      F3-Exit      F4-Exit Group Process      F5-Curr. Owner *
* F6-Prev. Owner      F8-Help      F9-First      F10-Next      *
*****
```

* RCRIS: Quick Search View Screen 3 of 3 *

* RECORD: 1 OF 1 *

* *

* Handler ID Number: NJD002175636 *

* *

* Handler Name : FREDERICK GUMM CHEMICAL CO *

* *

* Location Street1 : 538 FOREST ST *

* *

* City : KEARNY *

* County Code : 017 *

* County Name : HUDSON *

* State : NJ *

* Zip Code : 07032 *

* *

* *

* Enter-Screen 2 F2-Screen 1 F3-Exit F10-Next F11-Previous *

* *

Call new #
to Dave Blenny
973-344-0226
thx Joe

```
*****
RCRIS: Assign ID Number Input Screen
*****
Handler Name      : DIPSOL OF AMERICA INC
Location Street1  : 538 FOREST ST 2ND LOADING DOCK
Street2           :
Location City     : KEARNY
Location State    : NJ
Location Zip Code : 07032
County Code       : 017
County Name       : HUDSON
ID Number         : NJR000035725
*****
* Enter-Assign ID #   F2-ID # Assign Menu   F3-Exit   F5-Clear Screen *
* F6-Print   F8-Help  F9-Back to Search View F11-Notification Add/Update *
*****
```